

## Letters to the Editor

### Sensationalist Headlines: Also in the Scientific Press?



#### Titulares sensacionalistas: ¿también en la prensa científica?

#### To the Editor,

We have read the article “The Risk of Cardiovascular Events After an Acute Coronary Event Remains High, Especially During the First Year, Despite Revascularization” by Abu-Assi et al.<sup>1</sup> The authors present an interesting retrospective analysis of a large series of patients; however, we must admit that a strong incentive to read the article was its provocative title, the style of which runs against current trends. For this reason we would like to comment on some of their findings.

The background to the issue lies in the publication of 2 meta-analyses published 5 and 10 years ago, respectively.<sup>2,3</sup> The results conclusively showed the clear prognostic benefit of revascularization in patients with acute coronary syndrome. Therefore, all the clinical guideline updates, including the most recent European guidelines,<sup>4</sup> recommend coronary angiography followed by revascularization (level of evidence: A). The guidelines also recommend these procedures in high-risk patients within 24 hours and in intermediate-risk patients within 72 hours. What evidence do the authors provide by which they challenge these recommendations?

Without addressing the limitations acknowledged by the authors, such as the retrospective nature of their article, they draw attention to the predictors of events found in the multivariable analysis. Smoking was the only modifiable factor in the prediction of events during the first year: no other measures, including the use of drugs with known prognostic benefit, were effective in improving prognosis. Similar results were obtained in the long-term analysis. However, the authors were describing a relationship between the absence of revascularization and worse prognosis. It would therefore seem that patients with acute coronary syndrome have a high recurrence of events, that there is no remedy, and that nothing can be done to change this. Since the results failed to identify any of the known effective measures for primary and secondary prevention except, perhaps, to quit smoking, should we surrender to therapeutic nihilism?

Based on these results, we could easily propose many other equally provocative titles for this article. Obviously, a striking title

invites one to read the entire article, but we believe an article should be stimulating, rather than sensationalist, overspeculative, or biased. As Ransohoff and Ransohoff wrote, “cases of sensationalized reporting receive, by their very nature, a disproportionate amount of attention. They can also cause a disproportionate amount of disillusionment and distancing of the public.”<sup>5</sup>

Armando Pérez de Prado,\* Carlos Cuellas Ramón,  
Rodrigo Estévez Loureiro, María López Benito, and  
Felipe Fernández Vázquez

Servicio de Cardiología, Complejo Asistencial Universitario de León,  
León, Spain

\* Corresponding author:

E-mail address: [aperez@secardiologia.es](mailto:aperez@secardiologia.es) (A. Pérez de Prado).

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## REFERENCES

1. Abu-Assi E, López-López A, González-Salvado V, Redondo-Diéguez A, Peña-Gil C, Bouzas-Cruz N, et al. El riesgo de eventos cardiovasculares tras un evento coronario agudo persiste elevado a pesar de la revascularización, especialmente durante el primer año. *Rev Esp Cardiol*. 2016;69:11–8.
2. Mehta SR, Cannon CP, Fox KA, Wallentin L, Boden WE, Spacek R, et al. Routine vs selective invasive strategies in patients with acute coronary syndromes: a collaborative meta-analysis of randomized trials. *JAMA*. 2005;293:2908–17.
3. Fox KA, Clayton TC, Damman P, Pocock SJ, de Winter RJ, Tijssen JG, et al. Long-term outcome of a routine versus selective invasive strategy in patients with non-ST-segment elevation acute coronary syndrome: a meta-analysis of individual patient data. *J Am Coll Cardiol*. 2010;55:2435–45.
4. Authors/Task Force Members, Roffi M, Patrono C, Collet JP, Mueller C, Valgimigli M, et al. 2015 ESC Guidelines for the management of acute coronary syndromes in patients presenting without persistent ST-segment elevation: Task Force for the Management of Acute Coronary Syndromes in Patients Presenting without Persistent ST-Segment Elevation of the European Society of Cardiology (ESC). *Eur Heart J*. 2015. <http://dx.doi.org/10.1093/eurheartj/ehv320>.
5. Ransohoff DF, Ransohoff RM. Sensationalism in the media: when scientists and journalists may be complicit collaborators. *Eff Clin Pract*. 2001;4:185–8.

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### Sensationalist Headlines: Also in the Scientific Press? Response by Abu-Assi et al



#### Titulares sensacionalistas: ¿también en la prensa científica? Respuesta de Abu-Assi et al

#### To the Editor,

Apparently, Pérez de Prado et al continue to appreciate our scientific contributions.<sup>1,2</sup> Concerning our latest article, they express their opinion—we would say with too visceral an attitude and taking no notice of the important methodological details of our study—that we make use of a sensationalist title.<sup>2</sup>

The original title of the article was “Medium- to Long-term Risk of Infarction, Stroke, or Cardiovascular Death Following Acute Coronary Syndrome. Incidence and Development of Predictive Tools”. The editors of *Revista Española de Cardiología* considered the present title to be more appropriate; we accepted.

Thus, we are surprised by the letter and its style, and would like to enlighten its authors about 2 basic methodological facts. When studies and procedures are highly prevalent in a population (as is the case with revascularization in our article, with a prevalence of  $\approx 70\%$ ), they may not emerge as prognostic determinants during a phase of the study. On the other hand, our study was conducted in a heterogeneous